

Real-World Outcomes in Neovascular Age-Related Macular Degeneration Following Transition to Eylea HD

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Purpose

- Eylea HD (aflibercept 8 mg) received NICE approval for neovascular age-related macular degeneration (nAMD) in 2023. It demonstrated extended treatment intervals with comparable efficacy to Eylea 2mg in the PULSAR and PHOTON trials. This audit evaluates early real-world outcomes of patients switched to Eylea HD at Leighton Hospital.

Methods

- A retrospective Medisight review from November 2024 to August 2025 identified nAMD patients transitioned from other anti-vascular endothelial growth factor agents to Eylea HD. Primary outcomes were changes in treatment intervals and BCVA; secondary outcomes included changes in CMT and complications. Findings were compared with the extended-interval performance observed in PULSAR.

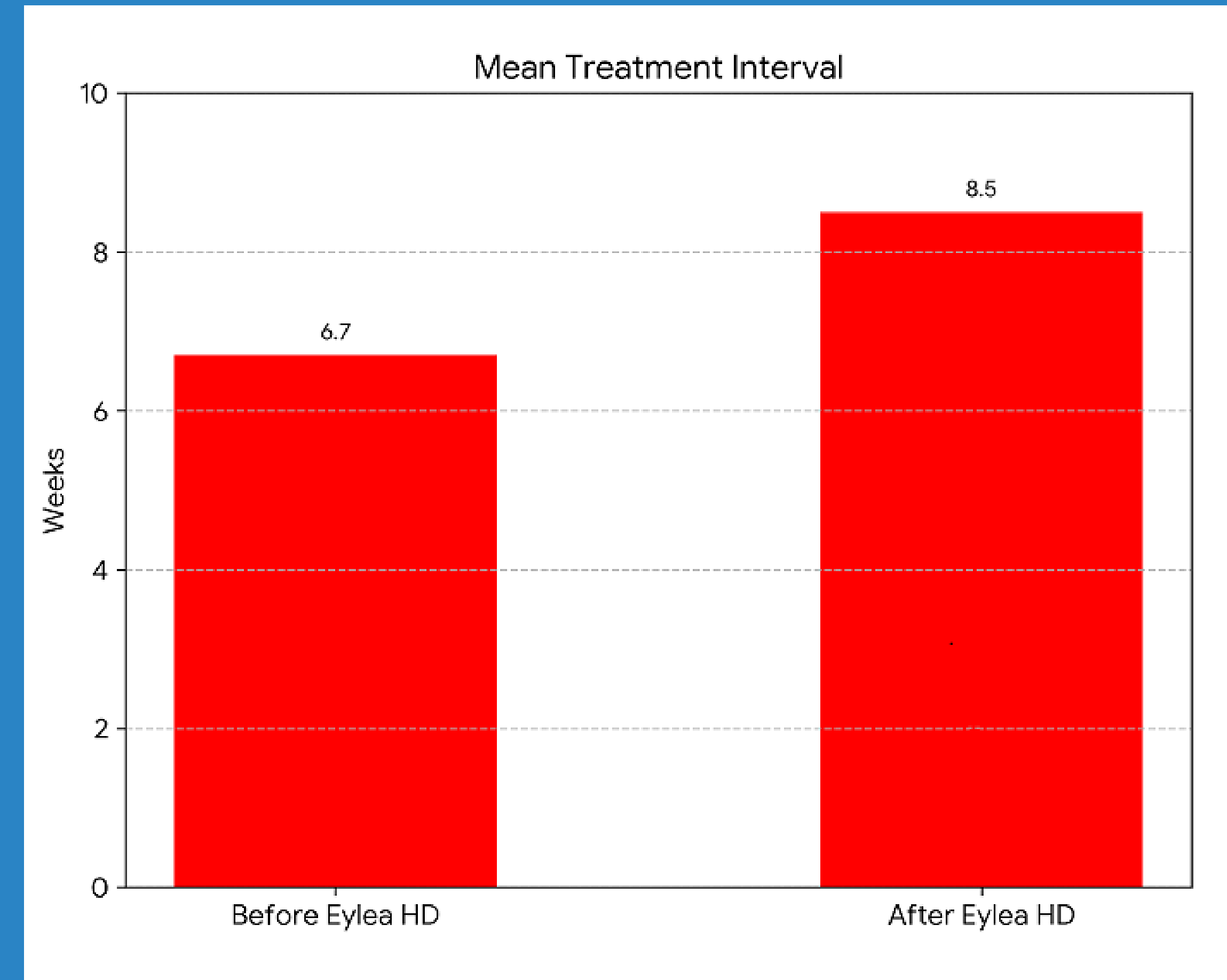


Figure 1 – Mean treatment interval of patients before and after switching to Eylea HD

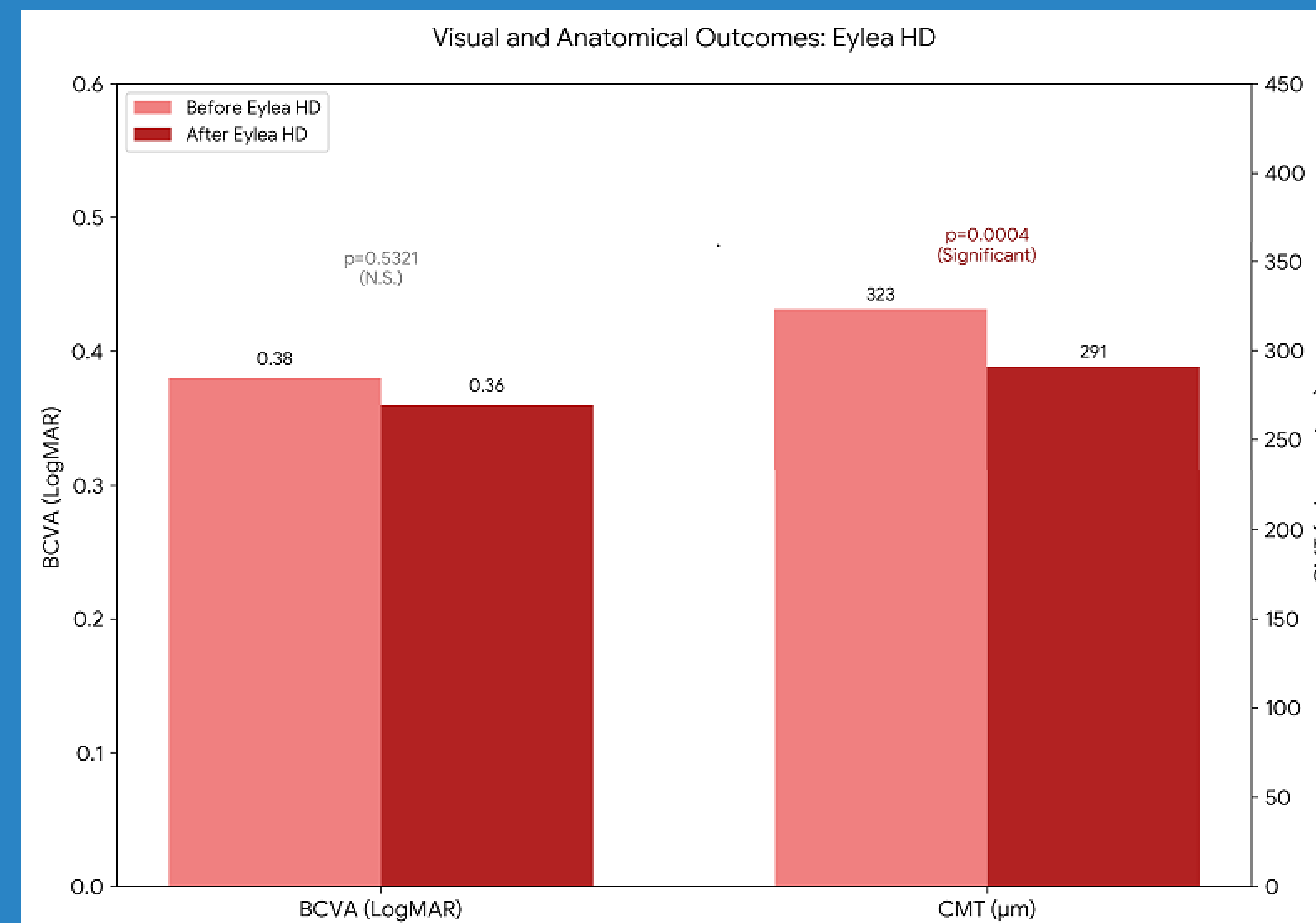


Figure 2 – Visual and anatomical outcomes of EyleaHD showing no significant change in BCVA but a significant improvement in CMT.

Results

- Fifty eyes were included of which 84% were previously on aflibercept 2 mg, 14% were on faricimab, and 2% were on ranibizumab.
- 96% of the eyes were re-loaded with 3 injections 4 weeks apart when switched to Eylea HD.
- The mean treatment intervals increased from 6.7 to 8.5 weeks ($p < 0.0001$).
- BCVA remained stable (0.38 to 0.36; $p = 0.5321$).
- CMT significantly decreased from 323 μm to 291 μm ($p = 0.0004$).
- 1 unexpected adverse even occurred that required the cessation of Eylea HD (inflammatory vitritis).

Conclusions

- Our initial results indicate switching to Eylea HD led to a significant extension of treatment intervals with anatomical improvement while maintaining stable vision. This can lead to increased capacity within the service and reduce the treatment burden for patients.

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